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PRINT Name of SAMPLER:		
SIGNATURE of SAMPLER:		
Paul M. Smith Paul M. Smith		DATE Signed: 11-2-15
TEMP in C		
Received on Ice (Y/N)		
Custody Sealed Cooler (Y/N)		
Samples Intact (Y/N)		

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name: <u>USS</u>	Project #:
	Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other:	
Tracking Number: _____		

WO#: 1256622



Custody Seal on Cooler/Box Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seals Intact?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Optional: Proj. Due Date:	Proj. Name:
Packing Material:	<input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input checked="" type="checkbox"/> None <input type="checkbox"/> Other:	Temp Blank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Thermometer Used:	<input checked="" type="checkbox"/> 140792808	Type of Ice:	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on ice, cooling process has begun		
Cooler Temp Read °C:	<u>3.0</u>	Cooler Temp Corrected °C:	<u>3.3</u>	Biological Tissue Frozen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Temp should be above freezing to 6°C	Correction Factor: <u>0.3</u>	Date and Initials of Person Examining Contents:		<u>4-4-15</u> <u>CA</u>	

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION	Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted: _____	Date/Time: _____
Comments/Resolution: _____	

FECAL WAIVER ON FILE Y N TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Heather 30 Date: 11/5/15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)